

Agenda Item Form

Agenda Date: 06/15/04

Districts Affected: District 8

Dept. Head/Contact Information: Mayor & Council, Jim Martinez, (915) 541-4145

Type of Agenda Item:

- | | | |
|---|--|--|
| <input type="checkbox"/> Resolution | <input checked="" type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input type="checkbox"/> Other _____ | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: _____

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☐ High ☒ Medium ☐ Low # of days: _____

Why is this item necessary:

As per Civil Service Commission approval 5/27/04.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Salary & Benefits

Statutory or Citizen Concerns:

N/A

Departmental Concerns:

N/A

06 15 04 8 10:10 AM
CITY OF SAN ANTONIO

DATE: 5/28/04

JUN 08 2004

CITY OF EL PASO
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 6-15-04

INITIALS 2004-78

DEPARTMENT NAME: Mayor & Council	(1) HR DEPARTMENT ID 1	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	Date sent to Personnel: REQUESTED EFFECTIVE DATE:
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A=add

D=delete

(3) (4) (5) (6) ACTIONS *-Position Type *R/T/C = Regular, Temporary, Contract *L/U = Classified, Unclassified

A/D	# OF POS	Max Head Count	Business Unit	ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Gmt. (00000000-00000-00000Port0000)	JOB CODE	JOB CLASS TITLE	PLAN GRADE	R/T/C	L/U
D	1	1	COFEP	01010008-01101-01001	1821	Secretary I	GS 13	R	L
A	1	1	COFEP	01010008-01101-01001	1823	Secretary III	GS 19	R	L
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						

(7) Purpose: ☒ Streamline ☐ Expanded Program ☐ New Program ☐ New Facility ☐ Other (Explain)

(8) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S): As per CSC action of 5/27/04.

ANTICIPATED IMPACT ON:

(9) DEPARTMENT ORGANIZATION/OPERATIONS	(10) DEPARTMENT BUDGET <i>Approved \$ 1,300,000.00</i>
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(11) DEPARTMENT HEAD SIGNATURE:	DATE:	BUDGET CHANGE <input type="checkbox"/> Required <input type="checkbox"/> Attached	AMOUNT ADDITIONAL FUNDS
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PERSONNEL DEPARTMENT RECOMMENDATION

<input checked="" type="checkbox"/> Requested CC and CG is Appropriate <i>6-4-04</i> <input type="checkbox"/> Change Class To <input type="checkbox"/> Change Grade To	COMMENTS <i>David A. Mont 6-3-04</i>	PERSONNEL DIRECTOR <i>[Signature]</i>	DATE <i>6/3/04</i>
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O.M.B. RECOMMENDATION / C.A.O. APPROVAL

COMMENTS: <i>OK! David A. Mont 6-3-04</i>
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RECOMMENDATION <input type="checkbox"/> Position(s) Recommended <input type="checkbox"/> Position(s) Not Recommended	CHIEF FINANCIAL OFFICER <i>[Signature]</i>	CHIEF ADMINISTRATIVE OFFICER <i>[Signature]</i>
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APPROVED:

DATE